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INVESTIGATING HEALTH CARE PROVIDERS' ATTITUDES TOWARDS VICTIMS OF SEXUAL VIOLENCE AND ABUSE IN A UNIVERSITY IN SOUTH WEST NIGERIA

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ABSTRACT: Health care providers play a fundamental role in the society as the foremost members of the health care service team for the victims of sexual violence and abuse and their attitudes towards victims of sexual violence and abuse can play an essential role in the standard of health care services provided for sexual violence and abuse victims. Thus, this study investigates the attitude of care providers towards sexual and abuse victims in a university health center in Nigeria, Obafemi Awolowo University in South west Nigeria. A random sampling of 40 students of Obafemi Awolowo University and 15 health care providers from Obafemi Awolowo University health center was conducted. A survey and focused group discussion were used as the research instrument of this study. The result of the study shows that the females are mostly the victims of sexual violence and abuse and this is because of the attitude of culture towards female gender. The finding also reveals that sexual violence is a function of power relation between the abused and the abuser and this study concludes that sexual violence is an abuse of power. The study also showed that health care providers have insufficient knowledge in dealing with sexual violence and abuse victims. This study therefore recommends that health care providers should be more professional in dealing with victims of sexual violence and abuse. Health facilities should also provide posttraumatic intervention within the health facilities to complement the work of health care providers and to soothing the pains of the victims.

KEYWORDS: Sexual violence and abuse; health care providers, attitude; victims

I. INTRODUCTION

The purpose of this section is to highlight the prevalence of sexual violence and abuse as well as to provide some background to the topic. Subsequently, the problem statement of this study be presented, before the presentation of its aim and objectives. The methodology of this paper will then be presented, along with its findings and discussion and will end with a conclusion section.

Sexual violence and abuse is a national problem that transcend racial, economic, social and regional lines. The recipients of sexual violence and abuse are most frequently females and youth, who lack economic and social status to resist and avoid it. The seriousness of the problem is that it cannot be solved solely by responding to abuse after it has been perpetrated but it takes significant amount of time for the victim to get over it. Adolescents and young women may experience abuse in the form of domestic violence, rape and sexual assault, sexual exploitation, and/or female genital mutilation. Accurately estimating the prevalence of sexual abuse and violence in the developing world is difficult due to the limited amount of research done on the subject. While the criminal justice and related systems may offer deterrence, incarceration, rehabilitation, and restitution, these efforts to foster community safety are implemented only after the detection and commission of a crime. After-the-fact interventions address the offender's crime and the victim's trauma with the burden of disclosure and prevention of further abuse placed on the victim.

Sexual violence can also be viewed as an act of being sexually harassed i.e. the repeated marking of sexual advances or obscene remarks to a person which could be one's spouse- intimate partner violence (IPV), assault from relatives - incest or in a rare occasion a victim of seduction or rape. Sexual violence can be categorized under domestic violence which is defined as "a pattern of behaviours utilized by one partner [the harasser or abuser] to exert and maintain control over another person (the survivor or victim) where there exists an intimate, loving and/or dependent relationship" (Harada, 2011). Such behaviour includes physical violence such as

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pinching, battering, pulling of the hair, kicking, slapping, hitting, etc. Emotional violence such as threat, stalking, being called names, being shouted at, humiliation, controlling behaviours, jealousy, etc. Sexual violence victims tend to be blamed for such action whereas the perpetrators shift blames and most often than not consider their action to have resulted from influence of drugs, alcoholic and or emotional instability ((Jozkowski, 2015), (Sinha et al., 2017),and (Patel, 2017)).

Harmful traditional practices in some cultures is another factor promoting sexual violence and abuse. (Silva, 2018) defines these practices as "all behavior, attitudes and/or practices which negatively affect the fundamental rights of women and girls, such as their right to life, health, dignity, education and physical integrity". The last three decades has recorded a broad recurring incident of these harmful traditional practices such as child marriage, marital rape, female genital mutilation, forced marriage, "honour killing" and the "preferential feeding and care of male children" (Klimke, 2019). Other harmful traditional practices include „forced scarring, dowry-related killings, "abandonment or neglect of children with birth defects", "tests of virginity" of future brides, "forced feeding of women" and "nutritional taboos for pregnant women", "killing of children related to ritual sacrifices", "gifting of virgin girls to temples, shrines or priests" among others ((Rahman, 2018), (Tambağ & Turan, 2015), (Polonko, Lombardo, & Bolling, 2016), (Rosenberg, 2018), (Idung & Okokon, 2017), and (Mohammed, Raji, & Onuegbu, 2017)).

It should be noted that the physical consequences of sexual violence and abuse range from little injuries to permanent disabilities, deformity, and consequently death (Draucker, 2002). On the other hand, some of the psychological effects of sexual violence and abuse includes, depression, traumatic and posttraumatic stress disorder, anxiety, and suicidal ideation (Fund, 2002). It is pathetic to know that the set of people generally affected by this dastardly act of cruelty are the females.

Some of the terms associated with sexual violence and abuse are Gender-Based Violence (GBV), Sexual Violence and Abuse, Sexually Abused, Sexual Abuser, Intimate Partner Violence (IPV), Health Care Providers, and Psychological Trauma. *Gender-Based Violence* (GBV) according to (Krause, 2015) is "an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (gender) differences between males and females, which includes physical, emotional, sexual, and psychological acts, attempts and threats". This definition emphasise that the perpetrator and the victim can either be male or female. As for the term *Sexual Violence and Abuse*, this refer to a form of behaviour in which force or an attempt to force is employed to seek sexual gratification from another person and often than not the receiver of this act does not give consent nor understand such action (Porter, Newman, Tansey, & Quayle, 2015). The emphasis here is force and non-consensual in seeking sexual pleasure and the victim or perpetrator can male or female. With respect to *sexually abused*, this term is used in the public domain, to refer to any person on whom an involuntary sexual act is performed which involves the person being threatened, coerced, or forced to engage against their will, or any person on whom that is sexual touched without his/her consent. This term emphasise this act is perpetrated by men on women and vice versa, it may also involve the relationship between two men, two women or adult to children. *Sexual Abuser* according to (Davidson, 2002) is "someone who commits or threatens to commit acts of a sexual nature involving an abuse of power, i.e. where the victim is unable to give informed or true consent". The emphasis of the above definition is the perpetrator who can be anyone and who has power over the victim to perpetrate the act. The term *Intimate Partner Violence* can be defined as any form of "behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours [of the other partner]" (World Health Organization, 2019). This emphasise that the act can be perpetrated by partners who are or were in an intimate relationship and this act has to do with control of behaviour. *Health Care Providers* according to (Olawale, Taiwo, & Hesham, 2017) "are health-care professionals within medicine, nursing, or allied health professions that provide preventive, curative, promotional, or rehabilitative health-care services in a systematic way to individuals, families, or communities". This term emphasises that these set of people provide health care services to people in the society. The term *Psychological Trauma* refers to "any adverse experience that affects a person's ability to function" (Paccione- Dyszlewski, 2018).

II. PROBLEM STATEMENT

Health workers often term it (sexual violence and abuse) as that which is not their responsibility i.e. the handling of sexual violence and abuse cases. Hence, the abusers most often refuse to open when they experience sexual abuse. Some of the reasons for their non-disclosure are, (i) for the fear of losing their homes or children (in the case of married women) (ii) insufficient financial back up, (iii) fear of being more expose to danger and most often than not the abuser happens to be their benefactor. Hence, health workers in different occasions lament that it is not their responsibility to handle sexual violence and abuse. For instance, (Waalen, Goodwin, Spitz, Petersen, & Saltzman, 2000) record the responses of some health care providers to sexual violence and abuse in their domain. The responses include "the abused play a role in eliciting abuse" and "it is not appropriate [for the

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health care professional in my specialty] to intervene" (dental health care workers), "fear for own safety"

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(nurses), and "domestic violence is a psychological issue rather than a medical one" (Australian doctors and nurses). (Walton, Aerts, Terry, & Burkhardt, 2013) also report some of the barrier facing health care provider in dealing with case of sexual violence and abuse, these include, "differing cultural perspectives, time constraints, language barriers, lack of knowledge, healthcare practitioners negative perceptions, and lack of adequate education regarding sexual violence and abuse on the part of health care providers".

The above identified challenges could be divided in two categories: one has to do with the sexual violence and abuse victims and the second has to do with the health care provider. No matter how we decide to look into these challenges from both sides, it is crystal clear that the menace of sexual violence and abuse still persist in the society. Sexual violence and abuse is a widespread problem that affects not just the victim, but also the perpetrator, and the families and communities around both of them. This however calls for the attention of medical personnel to improve reactions or results that occur from sexual violence and abuse. Hence, the aim of this study is to examine the attitude of the health care providers towards victims of sexual violence and abuse in Obafemi Awolowo University, south west Nigeria.

III. RESEARCH METHODS

The essence of this section is to present how the data of this study was collected, the processes and the strategies employed in the course of carrying out this study. These include the sample and sampling method and the data collection instrument. A total of forty (40) patients and fifteen (15) health care providers were randomly selected from Obafemi Awolowo University health centre as the sample of this study. The forty (40) patients comprise of students and staff members of Obafemi Awolowo University who have been victims of sexual violence and abuse and were receiving treatment and counselling in Obafemi Awolowo University health centre while the fifteen (15) health care providers comprising of doctors and nurses from Obafemi Awolowo University health centre. The research design employed for this study is a descriptive survey. A survey questionnaire was used to elicit information from the students, staff, and health care providers. The responses of students, staff and health care service provider were stated and coded on a four Likert's point scale alternatives such as: Strongly Agree (SA) Agree (A), Disagree (D) Strongly Disagree (SD). Information was sought on the demographic characteristics of sexual abuse, intimate partner violence, rape and attitude of the health care service provider towards sexual violence and abuse, Also, a close ended question was employed. Section A of the questionnaire contains items that elicited demographic information of the respondents, Section B on the other hand contains items on knowledge about sexual violence and abuse, Section C contains information on community attitude towards sexual violence and abuse, Section D comprises information on intimate partner violence, while Section E contains information on the attitude of the health service provider towards sexual violence and abuse. A simple descriptive method was used for the socio-demographic variables. Analysis of variables was used to determine sexual violence and abuse effect on its victims and the attitude of health service providers towards sexual violence and abuse in Obafemi Awolowo University health centre.

IV. ETHICAL CONSIDERATIONS

There were three (3) trained research assistants who administered the survey questionnaires to the respondents once ethical clearance was acquired from the Obafemi Awolowo University health centre. A written permission was also received from the chief medical officer of Obafemi Awolowo University in order to access the patients and health care providers in the health centre. After suitable clarification on the objective of the study, informed consent was obtained from each participant. Participants were assured of the anonymity of their responses and the voluntary nature of the survey as they were free to withdraw at any stage of the survey without any form of victimization.

V. FINDINGS

Section A

This purpose of this section is to present the findings of the survey conducted by this study and thereafter present the discussion of the findings of this study.

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Part 1: Socio-demographic statistics of the respondents.

Table 1: Gender of respondents

Sex	**Frequency**
Male	9
Female	31
Prefer not to disclose	0
Total	**40**

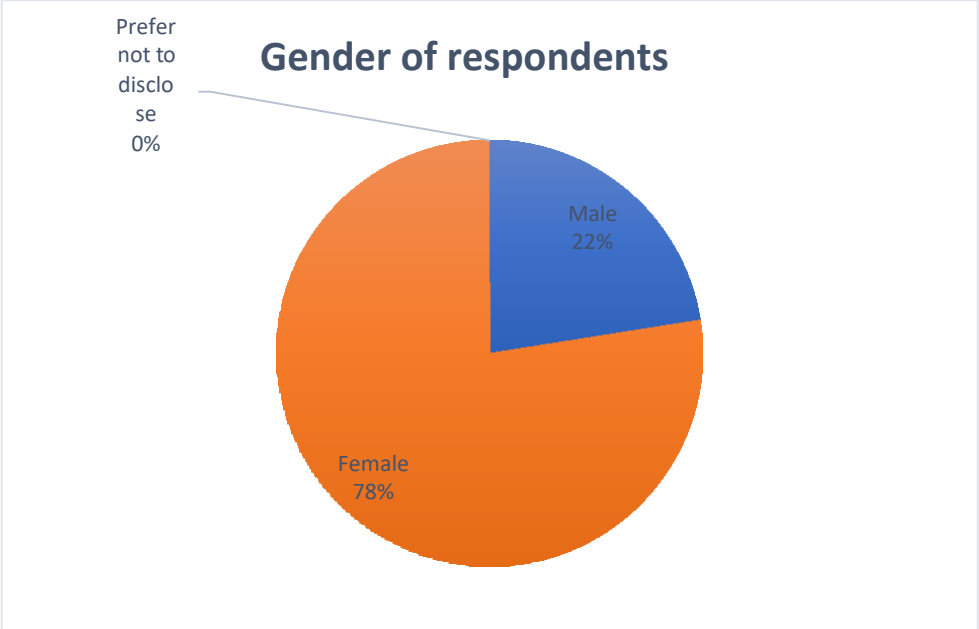

Figure 1: Gender distribution of respondents

The Figure above presents the socio demographic information of the respondent's gender. The vast majority of the respondents are females (78%), while the remaining (22%) are males and none of the respondents prefer not to disclose their gender. There seems to be more female respondents, and this might be an indication that females are the most affected when it comes to sexual violence and abuse.

Table 2: Occupation of respondents

Occupation	**Frequency**
Student	19
Academic Staff	3
Non-Academic Staff	18
Total	**40**

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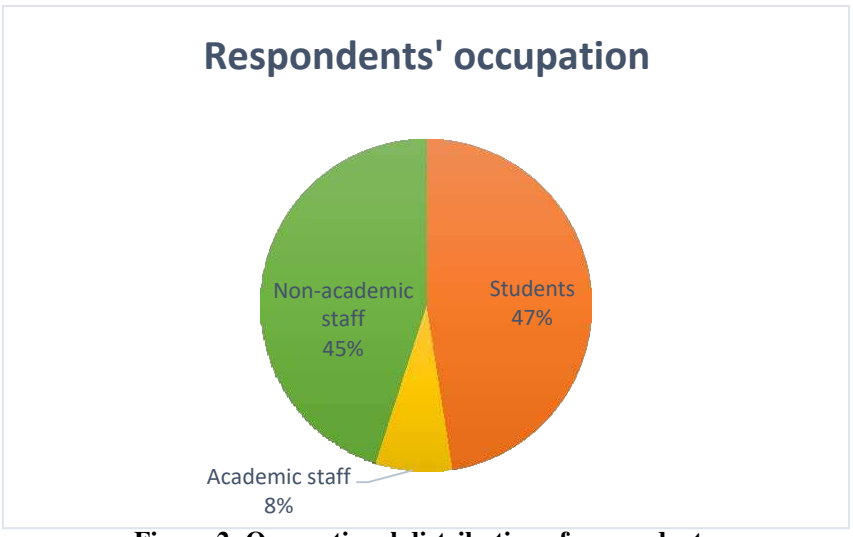

Figure 2: Occupational distribution of respondents

Figure 1 above shows the occupation of the respondents, 47.5% student, 7.5% academic staff and 45% non-academic staff. This shows that most of the respondents are students, followed by non-teaching members of staff.

Table 3: Age group of respondents.

Ages	**Frequency**
16-24	18
25-35	13
36-45	6
46 and above	3
Total	**40**

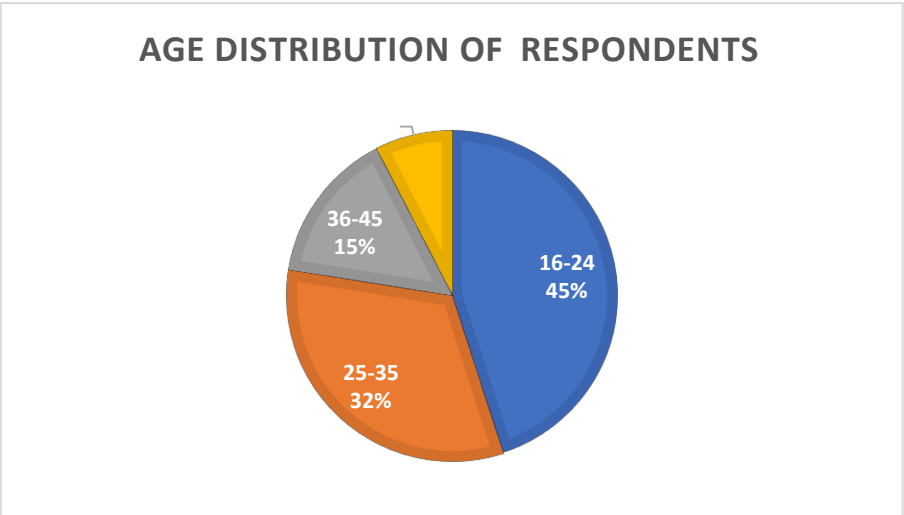

Figure 3: Age distribution of respondents

In terms of respondents‟ age, the above figure indicates that most of the respondents fall between the age group of 16-24 and 25-35. This seems to be because these age groups happen to be the age group of university first and second-degree students.

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Part 2: Research questions

1. *Have you heard about is gender-based violence?*
   1b. What do you understand by gender-based violence?

To answer this question 1, the respondents were required to give a *yes* or *no* answer which form the bases of *Table 4* to *Table 7* below while an open-ended question was used in section B. The responses to respondents‟ understanding of what gender-based violence is summarised below. “Gender-based violence is the act of gaining control through force, sex gratification, or physical, psychological molestation of a person with the intent of satisfying sexual inclination. Gender base violence can occur in the forms of threat, pressure, force or injury inflicted on sexual violence victims. Sexual violence is when forceful sexual related act takes place without the victim consent”.

Table 4: Knowledge of gender-based violence by respondents

Response	Frequency	Percentage
Yes	29	72%
No	11	28%
Total	**40**	**100%**

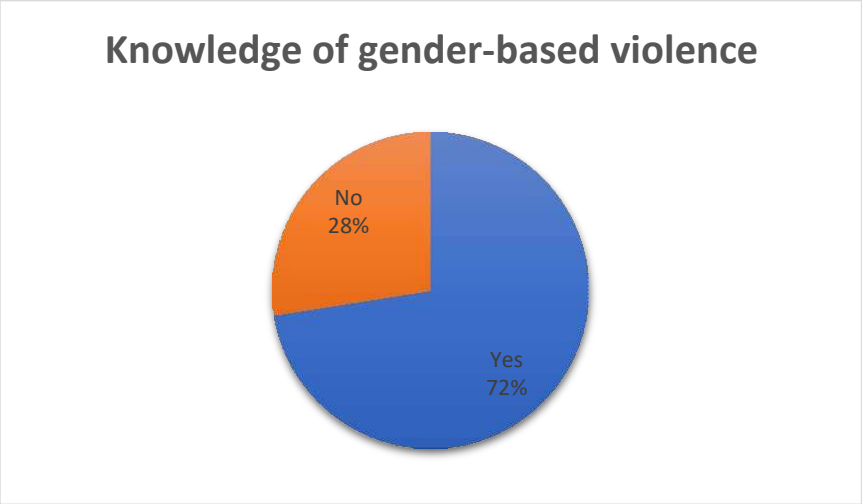

Figure 4: Knowledge of gender-based violence by respondents

Figure 1 above indicates that more than two third (72%) of the respondents have some knowledge about gender-based violence. Some of the forms of gender-based violence recognized by the respondents are rape, marital violence or intimate partner violence, forced prostitution, forced marriage, female genital mutilation among others.

Tables 4 to 7 represent the level of the respondents‟ recognition of some forms of gender-based violence identified by this study.

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Table 5: Perception of intimate partner violence by respondents.

Response	**Frequency**	**Percentage**
Yes	26	65%
No	14	35%
Total	**40**	**100%**

Figure 5: Perception of intimate partner violence by respondents

In Figure 2 above, about two-third of the respondents have an idea of what Intimate Partner Violence is while about one-third are not aware what Intimate Partner Violence is. This show a high level of perception of what Intimate Partner Violence is in the society and this further suggests respondents feel that Intimate Partner Violence is a normal occurrence in the society.

Table 6: Perception of sexual exploitation by respondents.

Response	**Frequency**	**Percentage**
Yes	8	20%
No	32	80%
Total	**40**	**100%**

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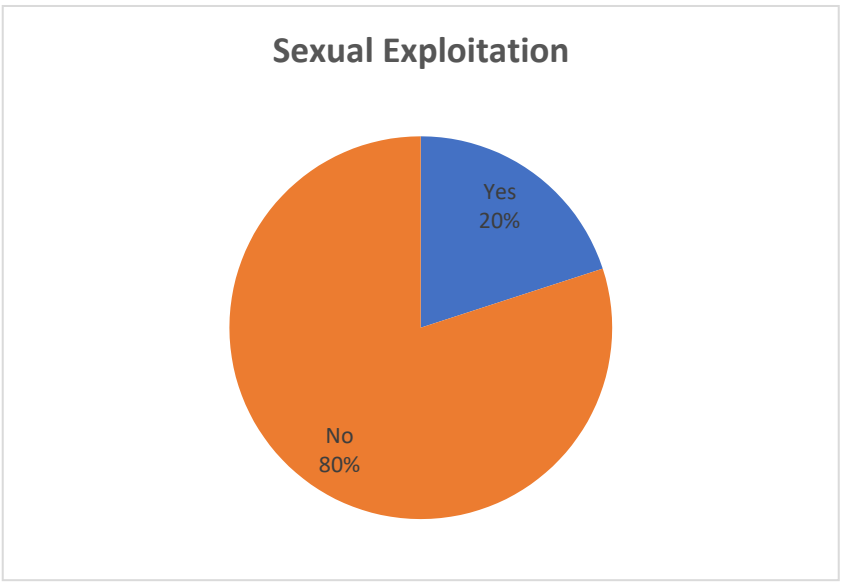

Figure 6: Perception of sexual exploitation by respondents

In Figure 3 above, more than three quarters of the respondents are not aware of what sexual exploitation is and a slightly over a quarter of the respondents are aware of what sexual exploitation is. There seems to be a low perception of what sexual exploitation is by the respondents.

Table 7: Perception of forced marriage by respondents

Response	**Frequency**	**Percentage**
Yes	6	15%
No	34	85%
Total	**40**	**100%**

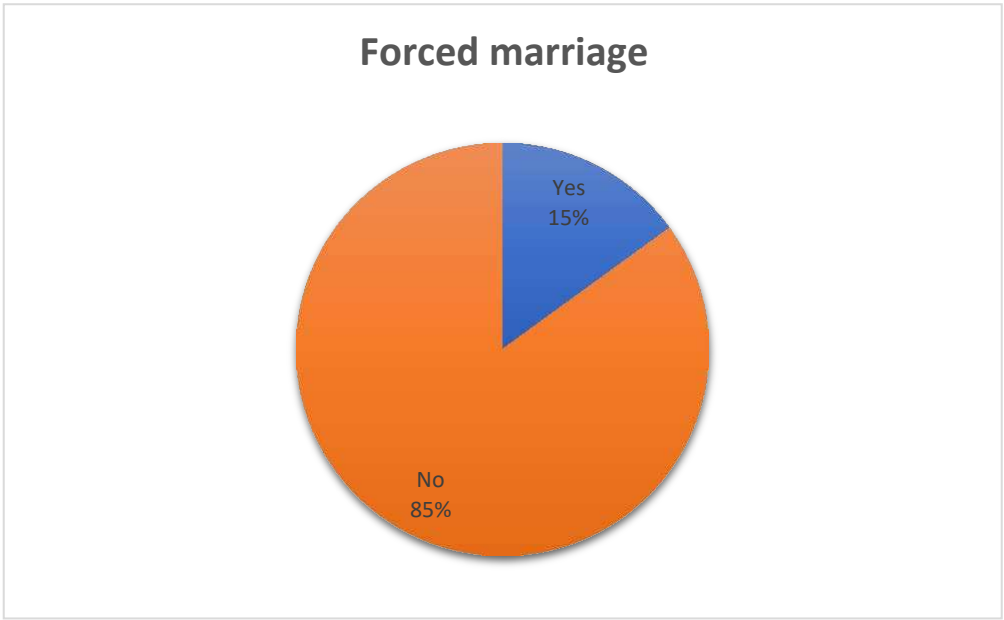

Figure 7: Perception of forced marriage by respondents

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In Figure 4 above, around a quarter of the respondents have the knowledge of forced marriage or girl-child marriage while the remaining three quarters are not aware of what forced marriage or girl child marriage is. There seems to be a low perception of what forced marriage is by respondents. This further shows that forced marriage or girl-child marriage does not happen in all societies and culture, it is only prevalent in some certain societies and cultures.

Table 8: Perception of incest by respondents

Response	**Frequency**	**Percentage**
Yes	26	63%
No	14	37%
Total	**40**	**100%**

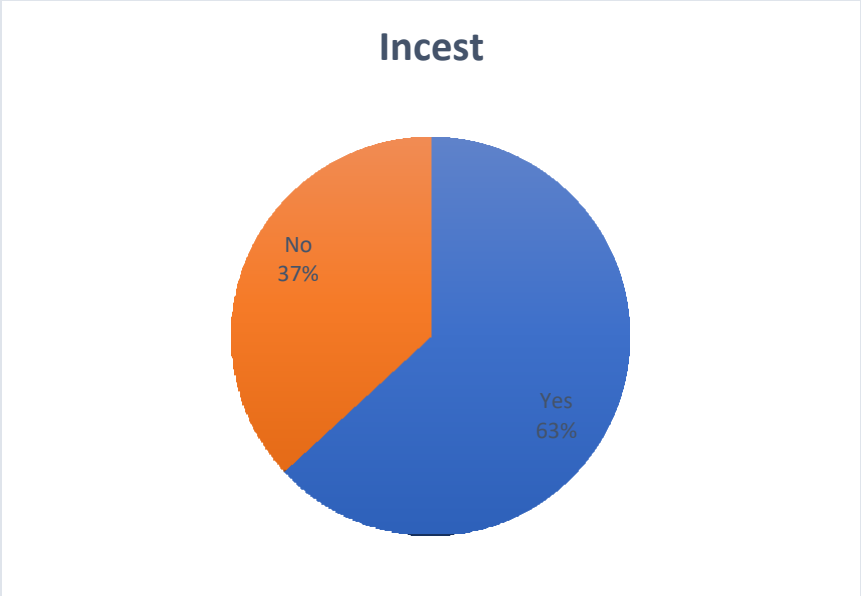

Figure 8: Perception of incest by respondents

In Figure 4 above, around two third of the respondents have an idea of what incest is while the remaining one third of the respondents have no idea of what incest is. There seems to be a high level of perception of what incest is by respondents. This further suggest that incest is a rampant form of violence as identified by respondents and it happens in all societies and cultures and also incest happens at almost all levels in the society.

Research question 2: Who are the victims of sexual violence and abuse?

To answer the questions above, the questionnaire was scored in such a way that the *strongly agree* response were scored *4*. *Agree response 3*, a score of *2* was allotted to *disagree*, and *1* for *strongly disagree*. The result is shown in Table 8.

Table 9: Do you think the females are often the victims of sexual violence and abuse?

Response	**Frequency**	**Percentage**
SD	4	10%
D	5	12%

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A	17	43%
SA	14	35%
Total	**40**	**100%**

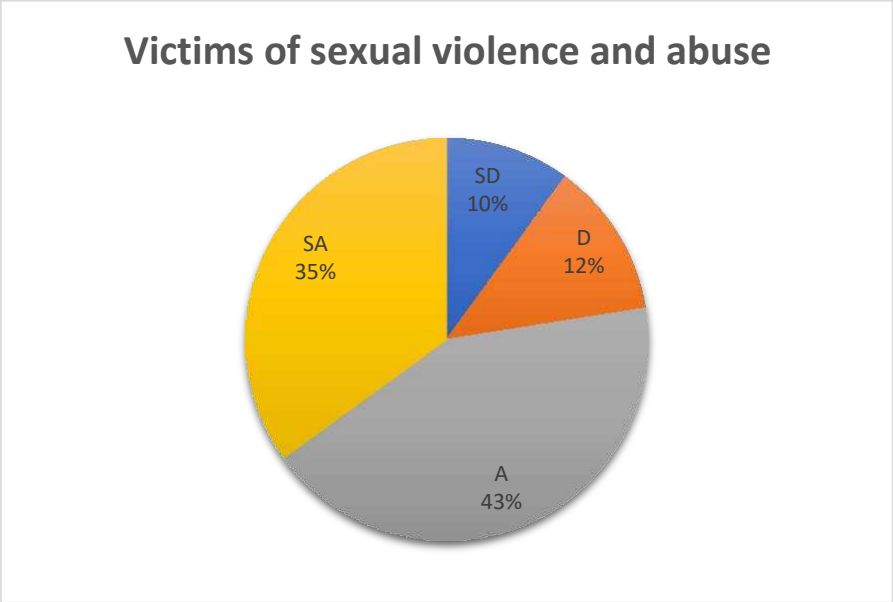

Figure 9: Victims of sexual violence and abuse

In Figure 9 above, over three quarter (78%) of the respondents agree with the assertion that the female gender is often the victims of gender violence and abuse while less than a quarter (22%) did not agree with the assertion. This seems to indicate that female gender is always at the risk of sexual violence and abuse than the male gender. In other words, the females are mostly at the receiving end of sexual violence and abuse.

Research question 2b: Can all ages be sexually violated and abused?
The answer to the above question is shown below.

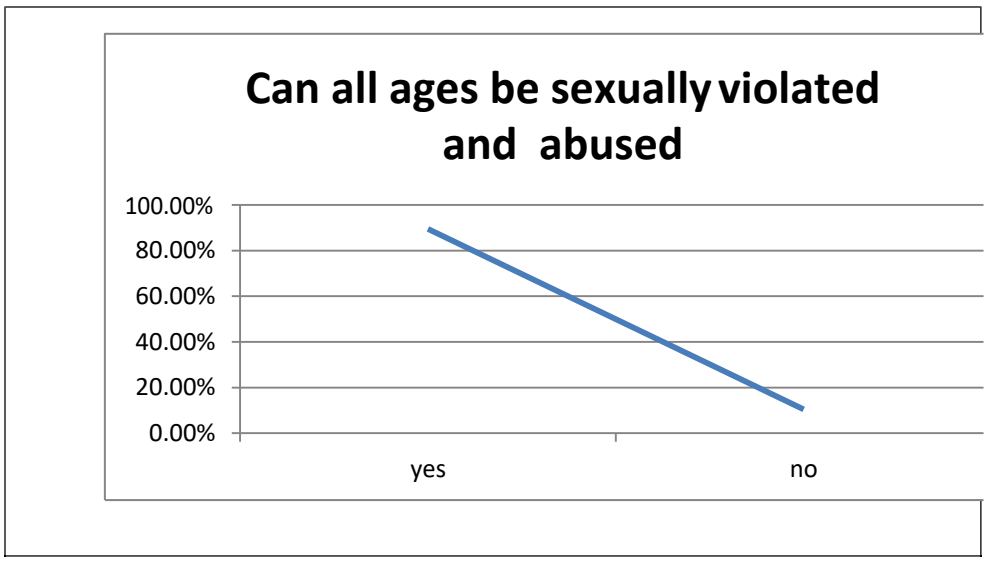

Figure 10: Ages that can be sexually violated and abused

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In Figure 10 above, almost all respondents (90%) believe that persons from all ages can be sexually violated and abused while the remaining (10%) believe otherwise. This seem to indicate that all ages regardless of race, creed, colour and nationality can be victim of sexual violence and abuse.

Research question 3: What makes an individual a sexual violence and abuse victim?
What lures the harasser into sexual violence?
To answer the questions above, the questionnaire was scored in such a way that the strongly agree response were scored 4. Agree response 3, a score of 2 was allotted to disagree, and 1 for strongly disagree. The result is shown in the table below.

Table 10: Victim instigate sexual violence and abuse

Response	Frequency	Percentage
SD	7	17%
D	13	32%
A	17	43%
SA	3	8%
Total	**40**	**100%**

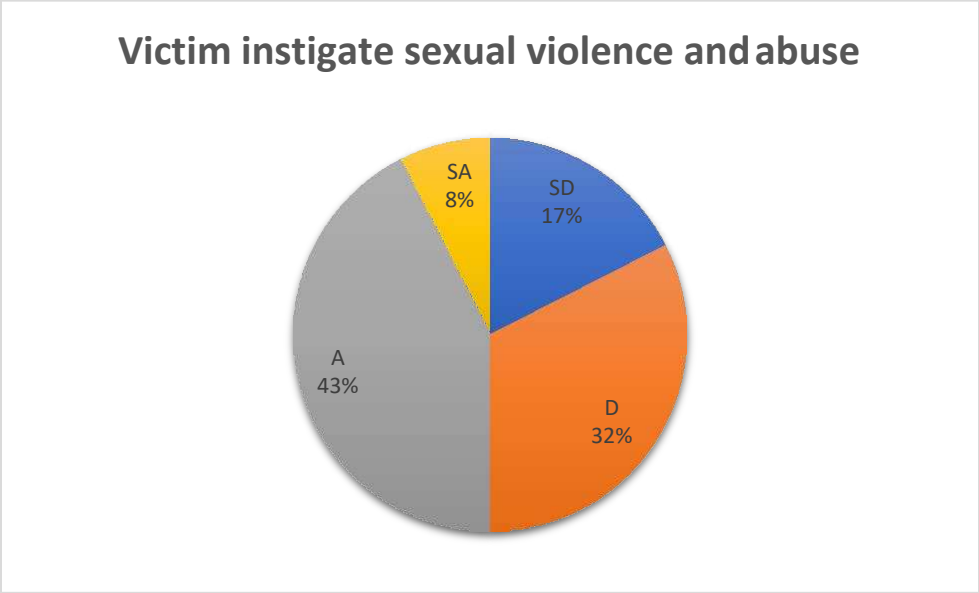

Figure 11: Victim instigate sexual violence and abuse

In Figure 11 above, almost half of the respondents (51%) believe that sexual violence and abuse is instigated by the victim while the remaining (49%) believe that sexual violence and abuse is not in any way instigated by the victim. There seems to be an inconclusiveness on whether sexual violence and abuse is instigated by the victim by the victim or not.

Table 11: Alcohol and drugs can influence sexual violence and abuse

Response	Frequency	Percentage
SD	4	10%
D	8	20%

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A	8	20%
SA	20	50%
Total	**40**	**100%**

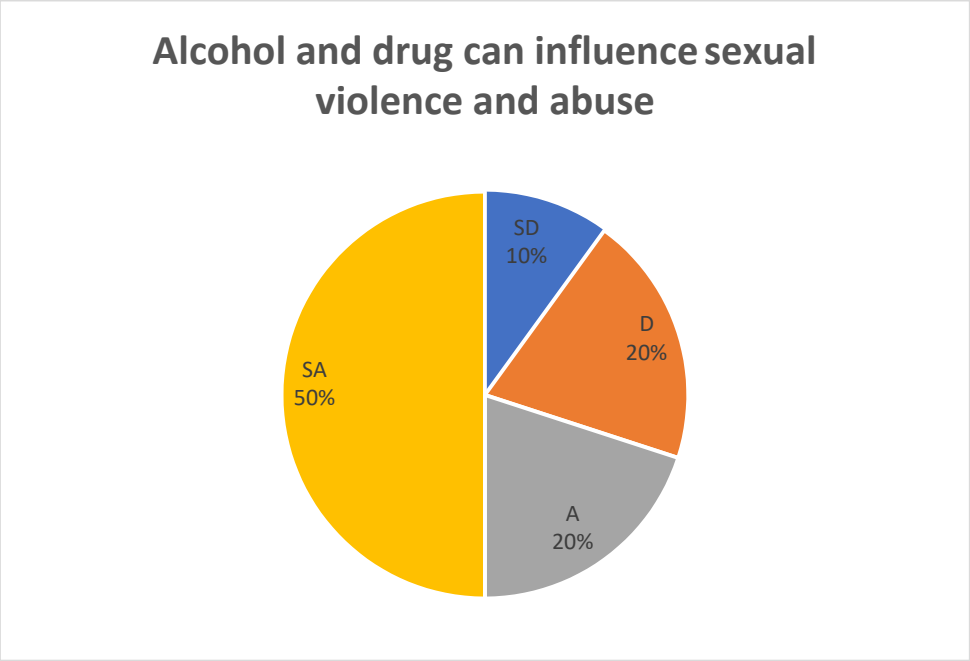

Figure 12: Alcohol and drugs can influence sexual violence and abuse

In figure 12 above, over two third of the respondents (70%) believe that alcohol and drug intake can instigate sexual violence and abuse while less than a third (30%) believe that alcohol and drug intake does not prompt the acts. This seem to indicate that alcoholism and drug use can put pressure on the offender to commit the act even though s/he might not have the intention of committing the act.

Section B

Research question 4: The attitude of health care providers towards sexual violence and abuse victims. In other words, what are the attitudes of health care providers when dealing with cases of sexual violence and abuse when victims are brought to them? The intervention strategies available for victims are also asked from health care providers. To answer this question, the respondents were asked a yes or no question alongside with some open-ended question.

Table 12: Counselling of victims of sexual violence and abuse

Response	**Frequency**	**Percentage**
Yes	5	33%
No	10	67%
Total	**15**	**100%**

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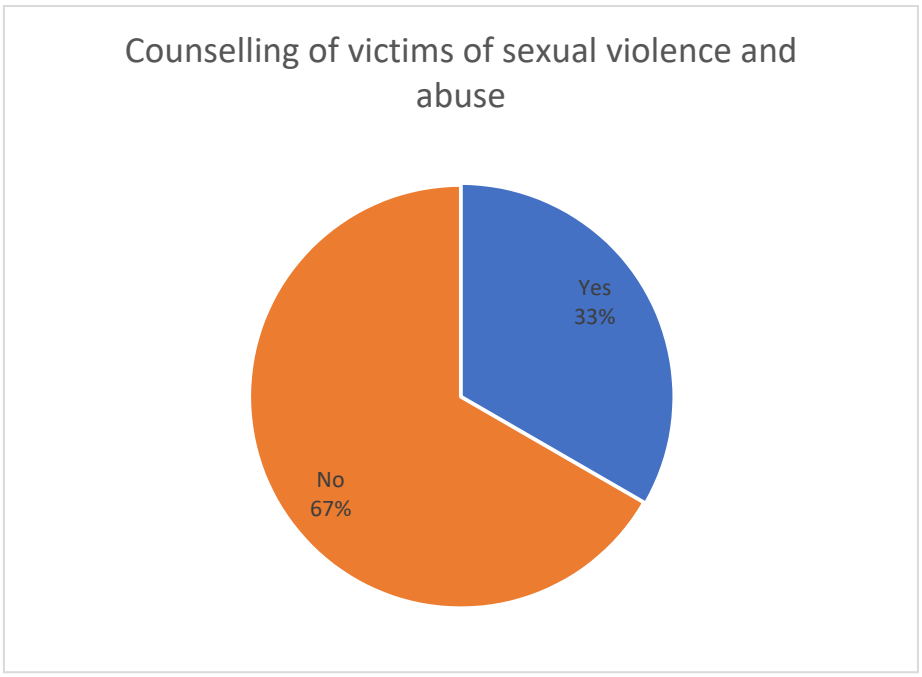

Figure 13: Counselling of victims of sexual violence and abuse

In the Figure 13 above, slightly above two third of the respondents do not usually counsel victims of sexual violence and abuse when they come across them in their health facility while around a third of the health care provider do offer counselling to victims when they come across them. This seems to indicate that there is a low level of counselling of victims of sexual violence and abuse by health care providers. The follow up question as to why health care providers do not counsel victims reveal that victims tend to away from being counselled as they think they might be another victim of stigmatization in society. The health care providers were asked about the intervention strategies that they have in place for victims of sexual violence and abuse. Some of the intervention strategies are:

a) Reporting of such sexual violence and abuse cases to the police.
b) Blood screening of victims for Hepatitis, HIV, and other associated blood transmitted diseases.
c) Giving Emergency Contraceptive Pill (ECP), pain relieve drugs, antibiotics, sedatives and Post-exposure prophylaxis (PEP) to victims.

VI. DISCUSSION

This study sets out investigate the attitude of health care providers in a university in South west Nigeria, Obafemi Awolowo University. The study surveyed students, staff (teaching and non-teaching), and the health care providers in the university health centre who were undergoing treatment. The findings of this study indicate that females more often than not are the victims of sexual violence and abuse and irrespective of their age. The inadequate knowledge of respondents of what Intimate Partner Violence, sexual exploitation and forced marriage are raise a lot of concern. This inadequate knowledge of the above-listed by respondents indicate that they might not be aware when such acts are perpetrated on them. The females being the most target of sexual violence and abuse also possess a threat to the females in the society. Apart from the fact perpetrators can be carriers of deadly diseases which they can infect the victim with on the long run, the victim still stands a chance of getting injured since the act is not a consensual one. It is also interesting to hear from the respondents that all persons of all ages can be sexually violated and abused regardless of creed, race, colour, and nationality. This possess a great danger to victims who are vulnerable such as children, the physically challenged, the pregnant, and the aged. Unlike the revelation of excessive drinking habit or other health threatening behaviours, sexual violence and abuse revelation to health care providers may put victim into further danger if revelation of the act is known to perpetrator. There is need for future research to investigate the effect of revealing of sexual violence and abuse to health care providers, and what intervention strategies are available for victims in making sure they are safe from the perpetrators. The fact remains that there are no known best intervention strategies for the victims of sexual violence an abuse.

VII. CONCLUSION

Sexual violence and abuse remain a national issue that transcend racial, economic, social and regional lines, thus it is crucial for health care provider to accept this reality. The result of this study reveal that the fear of stigma and discrimination still constitute one of the reasons why victims are sometimes unable to disclose about sexual violence and abuse on them and these consequently make victims unable to access the available facilities at the health care facilities. On the other hand, health care providers should be specially trained so that they are more friendly, more welcoming, and moreover non-judgemental when dealing with victims of sexual violence and abuse. Posttraumatic intervention such as deep counselling should also be put in place in within the health facilities to complement the work of health care providers and to soothe the pain of the victims.

The community also needs to be sensitized through the relevant community forums on the importance of assisting victims of sexual violence and abuse, so they can come forward to talk about what they are passing through without the fear of being victimised, judged, and stigmatised. This would boost the confidence of victims as this would make them get the necessary interventions they might so need. The intervention is then able to assist in prevention future occurrence of sexual violence and abuse hence leading to a saner clime for everyone and community free of sexual violence and abuse.

VIII. REFERENCES

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